## **Xpedite BROADCAST FAX Instruction Sheet**

## This Instruction Sheet MUST be the first page of your transmission.

Please type of	or print, using black	or blue ink.		
REQUIRED		Da	te:	CUT FAX STAMP
Xpedite ID:	GOVMSPR	PR Xpedite Account Number: 42237		
Your Name: _	Phone# ( )			
List Name(s)				
Number of pag	ges <i>including</i> this I	nstruction Sheet: _		
Extra Recipier	nts for <b>this</b> Broadca	st Only: Enter Fax		
1		2		
Please Circ	CIE Delivery Spee	·d:		
Express (i	mmediate) Off-	Peak (overnight)	Scheduled E	xpress (exact future, see below)
If Schedule clock	ed, you must indicate	the Start Date:/_	/ Time :_	:EST <b>24</b> hr military
Cover Sheet:	NO			
Broadcast Rep	port: <b>Detail</b>	Exception		
Cust. Ref. Cod	de: <b>NO</b>	Yes	(up to 25 characters)	
Billing Code:	NO			

## $Fax \ \text{this Instruction Sheet and your document to } 1\text{-}800\text{-}989\text{-}1212$

If you have any questions please call customer service at 800-966-3297 Or Frank Lozano at 1-703-903-9004 X 106

http://www.xpedite.com